

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 2  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Constitutional Conservatives</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00620120	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Global Strike</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 24 / 2016</b>		
Mailing Address 224 Datur Street Suite 401			Amount 2500.00		
City West Palm Beach	State FL	Zip Code 33401	Transaction ID : SE.4213		
Purpose of Expenditure Voter Telephone Communication		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 24 / 2016</b>		
Name of Federal Candidate Daniel Bongino		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: FL		
Calendar Year-To-Date Per Election for Office Sought		208470.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Global Strike</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 24 / 2016</b>		
Mailing Address 224 Datur Street Suite 401			Amount 2500.00		
City West Palm Beach	State FL	Zip Code 33401	Transaction ID : SE.4214		
Purpose of Expenditure Voter Telephone Communication		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 24 / 2016</b>		
Name of Federal Candidate CHAUNCEY P GOSS		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: FL		
Calendar Year-To-Date Per Election for Office Sought		210970.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	5000.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

David Satterfield

[Electronically Filed]

Date

MM / DD / YYYY  
08 / 25 / 2016

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Constitutional Conservatives</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00620120	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Gridiron Communications</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 24 / 2016</b>	
Mailing Address 3903 Portage Rd Suite C #262		Amount <b>658.58</b>	
City South Bend	State IN	Zip Code 46628	Transaction ID : SE.4215
Purpose of Expenditure Voter List	Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 24 / 2016</b>	
Name of Federal Candidate CHAUNCEY P GOSS		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>19</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>FL</b>
Calendar Year-To-Date Per Election for Office Sought <b>211628.58</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>658.58</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	<b>5658.58</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

David Satterfield

[Electronically Filed]

Date

MM / DD / YYYY  
**08 / 25 / 2016**

Signature